

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>9/30/04</u>		2 Serial/Patent # <u>10/724,616</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
	Filing		\$						
	Amendment		\$						
	Extension of Time		\$						
	Notice of Appeal/Appeal		\$						
<input checked="" type="checkbox"/>	Petition		\$ 130						
	Issue		\$						
	Cert of Correction/Terminal Disc.		\$						
	Maintenance		\$						
	Assignment		\$						
	Other		\$						
		7 TOTAL AMOUNT OF REFUND	\$ 130						
10 REASON:		8 TO BE REFUNDED BY:							
	Overpayment	<input checked="" type="checkbox"/>	Treasury Check						
	Duplicate Payment		Credit Deposit A/C #:						
		9	<table border="1" style="width:100%; height: 20px;"><tr><td> </td><td> </td><td>--</td><td> </td><td> </td><td> </td></tr></table>			--			
		--							
<input checked="" type="checkbox"/>	No Fee Due (Explanation):								
<p>Postcard proves allegedly omitted drug was filed on day 1. Petitioner requests treasury check refund</p>									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>E Shivers, Willis</u>		TITLE: <u>Pet Atty</u>							
SIGNATURE: <u>E Shivers Willis</u>		PHONE: <u>388-6712</u>							
OFFICE: <u>Office of Petitions</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u>Alicia Kelly</u>		DATE: <u>10/4-04</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**